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**APPLICANTS**

Kimmo Kansanen, Oulu, FINLAND;  
 Tadashi Matsumoto, Oulu, FINLAND;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *OK HS.*  
 FINLAND 20040182 02/06/2004

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/07/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>HS.</i>				
Verified and Acknowledged <i>SAK</i> Examiner's Signature Initials				

**ADDRESS**

32294

**TITLE**

Data processing method, equalizer and receiver

FILING FEE RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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